

• СПОРТ ІНВАЛІДІВ ТА АДАПТИВНЕ ФІЗИЧНЕ ВИХОВАННЯ**• DISABLED SPORTS AND ADAPTIVE PHYSICAL TRAINING**

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**GENESIS OF ORGANIZATIONAL
AND METHODOLOGICAL FOUNDATIONS
FOR MENTALLY DISABLED PERSONS'
ADMITTANCE TO SPECIAL
OLYMPICS PROGRAMMES****Alina PEREDERIY***Lviv State University of Physical Culture, Lviv, Ukraine*

ГЕНЕЗА ОРГАНІЗАЦІЙНО-МЕТОДИЧНИХ ЗАСАД ДОПУСКУ ОСІБ З ВАДАМИ РОЗУМОВОГО РОЗВИТКУ ДО ПРОГРАМ СПЕЦІАЛЬНИХ ОЛІМПІАД. Аліна ПЕРЕДЕРІЙ. Львівський державний університет фізичної культури, Львів, Україна

Анотація. Проблема визначення критеріїв розумової відсталості, що тривалий час розглядалася в медичному, а згодом у педагогічному та психологічному аспектах, нині є важливою для адаптивного спорту. Виявлення коректних критеріїв допуску спортсменів із вадами розумового розвитку до змагань за програмами Спеціальних Олімпіад чи Паралімпійських ігор є запорукою успішного розвитку цих напрямів адаптивного спорту в міжнародній олімпійській системі. Відсутність можливості коректного визначення нозологічного статусу змусила Міжнародну організацію Спеціальних Олімпіад відходити від кількісної оцінки рівня розумового розвитку (інтелекту, адаптаційної поведінки) за допомогою стандартних методик психодіагностики, а використовувати інші критерії допуску.

Ключові слова: вади розумового розвитку, Спеціальні Олімпіади, критерії допуску.

Problem statement and its connection with the significant scientific and practical tasks.

Special Olympiads' international sports movement originated in 1968 in the USA on the initiative of Eunice Kennedy Shriver after effective holding in 1963 a summer health camp for mentally handicapped children and adults. Sports camp maintenance turned to be the first attempt of involving persons with mental disorders into sports activities [1]. From the historic viewpoint the issue of rendering help to mentally handicapped individuals was initially a medical concern developing further into a pedagogical one. Middle of the XIXth century witnessed the beginning of the establishment of a special education system, emergence of sporadic establishments in Europe and the US. Later on, when certain legislative documents have been approved in many countries, mass introduction of special education has gained impetus, acquiring its own national managerial, comprehensive and ideological peculiarities.

Apart from searching for the most effective ways of pedagogical intervention, the problem of diagnostics and definition of intellectual normality or abnormality informative criteria gains its importance in both ethic and practical (pedagogical) senses [2]. In sporting practice at present this issue is considered in terms of bringing objectivity into the procedure of participants' admittance to the programmes of the Olympic and Paralympic Games [3, 4]. These sectors of the adaptive sport within the international Olympic system apply different though similar procedures, each of them requiring certain improvements. The study has been carried out according to the topic 1.4 Theoretical and methodological foundations of sports for handicapped persons as a part of the Consolidated plan of research work in the field of physical culture and sports for the 2011-2015 period in accord with the Order No 4525 of 20.12.2010 from the Ministry of education, science, youth and sport of Ukraine.

Analysis of current studies. Psychodiagnosis as an integral part of psychology is called for solving the problems of person's intellectual development diagnostics. The works of French physicians J. E. D. Esquirole and E. Segen, who described the cases of mental retardation in children, con-

tributed to the elaboration of methods for mental disorders' definition. In search of special methods G. Kettell introduced the notion of "intellectual test" (1890). In the early XX th century French physician and psychologist A. Binet (1857-1911) suggested a series of intellectual tests, which assessed the learning abilities unlike previous methods meant for evaluation of sensory and motor skills differences [5]. Intellectual measure according to Binet scales was sampled by mental age, which corresponded to the level of tasks a child could cope with. Stanford-Binet intelligence scales (1916) introduced the following innovations: 1) application of intelligence quotient (IQ) as an intellectual measure, which was derived from the proportion between mental and chronological ages; 2) application of test estimation criteria with the help of statistical norm. The above mentioned scale gained the worldwide approval and saw several versions (1937, 1960, 1972, 1986). Its latest version is valid for the time being. IQ intellectual measure according to Stanford-Binet scales is interpreted now as a synonym to intelligence, new intellect measuring tests are checked by means of their comparison with Stanford-Binet scales.

Despite rapid development of intellect defining methods by late 30-ies of the XXth century there was felt a lack of well standardized individual test for intellect assessment in adults. Dissatisfaction with Stanford-Binet scales' standardization and structural characteristics gave impetus to elaboration in 1939 a new Wechsler-Bellevue Adult Intelligence Scales (W-B). The W-B scales used point system and unlike previous tests the W-B scales included verbal and nonverbal tasks. Standardization was executed on a large and evenly representative sampling according to social, professional, sexual, educational and other criteria. Final version was offered to apply for individuals aging from 10 to 60. At present 3 versions of D. Wechsler test are used, namely WAIS (Wechsler Adult Intelligence Scale), which is meant for the adults testing (from 16 to 64 years of age); WISC test (Wechsler Intelligence Scale for Children) for testing children and teenagers from 6.5 to 16.5 years old; WPPSI test (Wechsler Preschool and Primary Scale of Intelligence) intended for children aging from 4 to 6, 5.

Interest to psychological diagnostics of intellectual development in the Soviet and Ukrainian psychological and pedagogical practice increased dramatically in the 60-70ies of the XXth century. One way of solving this problem was the way of adopting foreign intellectual tests, which corresponded to all psychometric requirements. But at the same time lack of standardization as well as absence of reliability and validity check in the un-English samples renders impossible their correct application for practical purposes.

Thus characteristics of mental retardation criteria necessary for the improvement of sports grading has become **the objective** of the research. Following theoretic methods have been applied: analogy, analysis, synthesis, abstracting, induction and extrapolation.

Results of the research. The task of the involvement of a mentally handicapped persons to sporting programmes of Special Olympiad (or other sporting projects) through the establishment of specific admittance criteria is connected first and foremost with the efficiency of the existing intellect evaluating methods and classification of intellect's norms or abnormalities. It is necessary to emphasize that fundamental publications devoted to this issue as well as specialized ones dedicated to sporting movement of Special Olympiads - both contain different variants of the pathology denomination as well as variants of its interpretation.

American Psychological Association, one of the most world reputable institutions, offered to nominate the aforementioned psychological disorder as "mental retardation". In terms of the definition's content mental retardation was interpreted as general intellectual development considerably lower in comparison with the average level and accompanied with the adaptive behaviour deficit, which becomes apparent during human organism development. By now this definition has not undergone drastic changes, though it has been specified considerably by various groups of psychologists. Thus American Psychiatric Association (APA) diagnoses the cases of intellect disorders applying the unity of the three criteria (2013):

1. Intellect functions deficit: judgment, problems solution, planning, abstract thinking, decisions taking, learning abilities in the school settings by means of traditional methods, ability to learn from one's own experience using trial-and-error method. The said intellectual faculties are identified

by means of IQ-tests, which should be standardized in cultural aspect. The score lower than 70 points usually testifies to mental deficiency.

2. Deficit or distortion of the adaptive functions: communication, social skills, personal independence in the home settings, abilities to self-grooming, activities at school or at place of work. The abovementioned skills allow individuals to be independent and responsible. Restriction of these skills and abilities complicates the attainment of corresponding to the age behavioral standards. Absence of these capabilities necessitates unauthorized assistance at school, at work or independent living. To clarify all these circumstances special standardized modes are also applied.

3. Restrictions of mental functions should be detected during the period of growth. This means that problems with intellect or adaptive functions clearly manifested themselves from childhood or adolescence. In case these problems occur after a juvenile period they should be qualified as neurocognitive disorders (as a result of craniocerebral injury or car accident etc.)

American Association on Intellectual and Developmental Disabilities (AAIDD), which was founded in 1876, is now the worldwide oldest interdisciplinary professional organization established for the purpose of studying mental disorders. AAIDD has been improving and modifying diagnostic criteria since 1921 (Fig. 1).



Fig. 1. Logotype of the American Association on Intellectual and Developmental Disabilities

The criteria are renewed on the basis of new research and changes in the clinical practice. The definitions offered by AAIDD and APA are quite similar. Three major criteria are kept though their interpretation differs slightly:

1. Restriction of mental abilities. One of the criteria for intellectual functions measurements is the IQ test. As a rule the IQ test mark of 70 to 75 points denotes the limitation of intellectual functions. The rates like those are displayed by 2.5 percent of the population. Tests applied for the IQ measurements should be standardized in their cultural aspect.

2. Restrictions in adaptive behavior (adaptive functions according to APA). Adaptive behavior is also defined with the help of standardized tests. Three type of abilities are evaluated:

- Conceptual skills: speech and literacy; mathematical operations; comprehension of time and numeric parameters.
- Social skills: interpersonal communication, social responsibility and self-evaluation; confidence; social problems solution; ability to conform to the rules and comply with the laws.
- Practical skills: skills of routine activities, personal hygiene, professional skills, use of vehicles, use of money, use of health care services, realization of safety, use of phones etc.

Final diagnosis of adaptive behavior deficit is made on the assumption of significant deviations in one out of three skills' groups or slight deviation in all of the three groups.

3. The above mentioned indications of disability are determined at the age before 18 years old.

At the same time it is necessary to point out that standard procedures of IQ and adaptive behavior assessment do not always allow distinguishing mild mental retardation from social and pedagogical neglect or revealing intellectual development disorders, which could progress as a result of timely unidentified defect. Developmental lagging from age standards in cognitive functions, socialization and communication abilities, voluntary behavior, knowledge of the surrounding world, – all these characteristics testify to child's mental retardation. Delay of mental development should be regarded as a temporary condition, which might subside under the stipulation that a child receives intensive and efficient correction during preschool and primary school period. In case the corrective

pedagogical intervention brings no compensatory effect during adolescence period, the state of intellectual deficiency stabilizes acquiring the intensity features intermediate between low norm and slight mental retardation. Thus the possibility of complete or partial correction and compensation of the pathological state on the assumption of early and effective intervention fundamentally distinguish mental development delay from intellectual disability [6, 7]. At the same time it is necessary to emphasize the similarity of both pathologies outer manifestations, which causes certain diagnostic problems. Impossibility of defying the correct nosological status compelled International Organization of Special Olympics to digress occasionally from quantitative scores of mental development (intellect, adaptive behaviour) measured by means of standard methods used in psychodiagnostics. Other admittance criteria, which have been added to the General rules, are being used instead (as opposed to INAS organization, which, despite all mentioned problems, insists upon IQ tests administration for the procedure of athletes' classification).

Thus Chapter 6.01 «Right to participate in Special Olympics» of the Official General Rules edited in 1997, 2003 and 2006 contains practically similar requirements concerning rights for admission. The discrepancies are mostly of terminological rather than contextual character. The Rules claim that every mentally handicapped person who is over 8 years old has the right to participate. The clause of the Official General Rules concerning disability level seems to be of great significance (Chapter 6.01 (c): "...training sessions and competitions held according to Special Olympiads programmes are open to every individual with limited intellectual abilities regardless of their disability level provided they meet the requirements of the clause and do not violate age limits. Mentally disabled individuals might have other concomitant disorders that should not deprive them from the right to participate provided they are registered as the participants of Special Olympics in accord with General Rules requirements". In the Amendments to Official General Rules (2012) the concept of "disability level" has been dropped altogether, which consolidates the approach actually applied in the programmes of Special Olympiads while defining the right for participation that means presence of intellectual disorders irrespective of their level or degree [8].

The right for participation of mentally handicapped individuals in Special Olympics is defined according to the following requirements:

1. A person is identified as intellectually disabled if his/her disability is confirmed by a professional association or any relevant organization in accord with certain requirements admitted in a particular country.
2. A person has arrested cognitive development, which is specified by means of standardized methods recognized by professional associations of the country which is part of any Accredited programme.
3. A person has concomitant morbid affections, which means the presence of functional limitations in learning and adaptive abilities (during their professional activities, while at holidays, self-grooming etc.). At the same time individuals who have independent functional limitations, which might be qualified as purely physical, or sensory, or emotional, or behavioral disorders, are denied the right to enter Special Olympiads as athletes, though they might be involved as volunteers.

According to the requirements in order to participate in Special Olympics programmes a person has to undergo a standard registration procedure, medical permission and permission from parents or guardians.

Chapter 6.01 (e) confirms the necessity of adaptable approach on behalf of certain Accredited programmes decisions concerning athlete's right to participate. This chapter also assumes the possibility for an athlete to achieve personal permission under exceptional circumstances. Final response concerning acceptance or rejection of an accredited programme written request is given by International organization of Special Olympiads. These regulations could be justified by certain national distinctions in the ways of determination of intellectual disability and status in these persons within their communities. Regulations also admonish of standard diagnostic IQ methods of intellect assessment (for instance Wechsler method for non-English speaking countries).

Unification of the methods of approach for identification and description of intellectual disorders demands utilization of universal standards, like International Classification of Diseases-10

(ICD-10) accepted by World Health Organization (WHO). In accord with the Classification “mental retardation” (code F70-F79) falls within the V-th category of diseases nominated as “mental and behavioral disorders”. Mental retardation is described as the state of delayed or incomplete psychic development characterized by breach of skills and abilities that appear during the maturation (growth) period and provide general level of intellectuality, i. e. cognitive, speech, motor and social skills. It is necessary to emphasize that ICD’s definition namely is considered to be the most complete and consistent as compared to other definitions occurring in publications that describe mental retardation leaving out of account the disorder’s main features and manifestations, liable to identification and correction, but allow solely for disorder’s etiology instead [9]. ICD-10 offers to distinguish following levels of mental retardation: F70 means slight retardation, IQ equals 50-69 points (in adulthood intellectual development corresponds to a 9-12 years old child); F71 means moderate mental retardation, IQ varies from 35 to 49 (in adulthood intellectual development corresponds to a 6-9 years old child); F73 testifies to deep mental retardation with the IQ lower than 20 (in adulthood intellectual development is lower than that of three years old child).

In Ukraine mental retardation is diagnosed through psycho-medico- pedagogical consulting clinics, which act in compliance with Regulations on central and republican (Autonomous Republic of Crimea), regional, Kyiv and Sevastopol city, district psycho-medico-pedagogical consulting clinics (Order No 569/38 of 07.07.2004 by Ministry of Education and Science with the changes introduced according to the Order of Ministry of Education and Science, Youth and Sports No 623/61 of 23.06.2011).

Activities of psycho-medico-pedagogical consulting clinics is connected in particular with “...identifying, psycho-pedagogical study, assessment of the difficulties alongside with capabilities for the development of children aging up to 18 and demanding the correction of either physical or (and) mental development, possess the risk indications concerning possible difficulties in cognitive activities and behaviour ...”

Thereby conclusions of psycho-medico- pedagogical consulting clinics in terms of child’s psychophysical, intellectual disorders during his/her growth might be regarded as an implementation of requirements cited in Chapter 6.01 (e) of General rules for Special Olympics programmes, which is “confirmed by professional associations, relevant organizations which follow the requirements of the country in question”. It should be noted that the involvement of mentally handicapped individuals into the programmes of Special Olympiads has always been accomplished in close cooperation with special educational establishments. Thus, the number of athletes aged up to 22 makes up about 80 percent and the number of school-aged athletes nears to 70 percent. Practice of mental retardation diagnostics by psycho-medico-pedagogical consulting clinics as a prerequisite and justification for athletes’ admittance to the programmes of Special Olympiads acts as a vested right within a legal framework of the majority of former Soviet republics.

Analysis of the participation criteria for Special Olympiads programmes has discovered a topical terminological problem of nosology identification. In the course of psychological criteria evolution experts applied various nosology denominations (“terms”), which very often do not correspond to ethic norms. At the times when International Organization of Special Olympic Games has been founded, i.e. before the early XXIst century, denomination “mental retardation” was widely used as a settled term though other notions like “mental disorders”, “mental derangement”, “intellectual deficiency” or “lack of intellect” were used concurrently. Certain scientific and methodological publications of this country devoted to the adaptive sport subject matter contained even such exclusively medical terms like “oligophrenic person” or “imbecile” with respect to mentally handicapped athletes [10]. International Organization of Special Olympic Games traditionally opposed such medical terminology usage emphasizing its negative repelling emotional coloring. This prohibition testifies to the fact that International Special Olympic Games Organization does not position athletes as mentally diseased, but as individuals with special characteristics.

In 2004 board of directors of the International Special Olympics Organization adopted terminological and contextual amendments to General rules, which were consolidated in the next version of the Rules in 2006 and are valid up till now. The amendments suggested that “mental retardation”

term should be changed into “intellectual disability” or “intellectual disabilities”. General Rules contain the “individuals with limited intellectual abilities” phrasal unit to denote persons who have the right of access to the programmes of Special Olympiads. Accredited programmes are allowed to change this term for “mental disability”, “mental deficiency” or any other term endorsed by International Special Olympics Organization. Later on the premier of “Soldiers of Misfortune” Hollywood comedy caused a vigorous “terminological war” against the use of “mental retardation” denomination because this word combination was unreasonably often used in a derogatory humiliating meaning in terms of intellectually handicapped persons. “R-Word” company aimed to accelerate the process of eradication the word “retard” from common usage as such that had tarnished image in the English language vocabulary because of its negative connotation in regard to the individuals with intellectual disabilities (Fig. 2).



Fig. 2. “R-Word” company advertisement

Therefore in order to introduce special terminology one should consider not only adequate, scientifically true content but also pay attention to a term’s connotation suitable for this particular contingent identification, status formation of these individuals in the community, ethic context of the terms interpretation etc. Scientific publications in this country offer the following equally suitable as for the above mentioned requirements terms: “defects of intelligence”, “mental development abnormalities”, “intellectual disability”, “mental disorders” etc. “Special Olympiad of Ukraine” all-Ukrainian public organization of disabled people applies officially the term “defects of mental development”.

Conclusions.

1. The problem of criteria objectification for defining the level of intellectual development by joint efforts of physicians, educators and psychologists’ still remains topical for theoreticians and practitioners who deal with this contingent in various spheres of activities, adaptive sport among them.
2. Absence of the correct nosological status definition compelled the International Organization of Special Olympiads to stop using quantitative assessment of intellectual development level (intelligence, adaptive behaviour) by means of standard psychodiagnostics methods. They use other acceptance criteria, which are regulated by Official General Rules. These criteria include in particular “...confirmation of the diagnosis by professional associations, relevant organizations which follow the requirements acknowledged in the country in question...”

In Ukraine conclusions of psycho-medico-educational consultant clinics about availability of problems in psychophysical and/or intellectual development of a child might be considered as implementation of Chapter 6.01 (e) of the General rules for Special Olympiads in terms of the rights for admittance in the programmes.

3. Practice of mental retardation diagnostics by psycho-medico-pedagogical consulting clinics as a prerequisite and justification for athletes' admittance to the programmes of Special Olympiads acts as a vested right within a legal framework of the majority of former Soviet republics.

Possible further research in the area are connected with the improvement of athletes' admittance procedure to sports activities and participation in the programmes of Special Olympiads, as well as elaboration of nosological profiles, which should consider the most informative parameters of physical development, motor activity, everyday skills, social experience etc., enhancing proper standardization for training athletes with different intellectual disorders and their participation in Special Olympics.

Список літератури

1. *Бріскін Ю.* Адаптивний спорт. Спеціальні Олімпіади : навч. посіб. / Юрій Бріскін – Л. : Ахіл, 2003. – 128 с.
2. *Висковатова Т. П.* Дифференциация задержки психического развития от нормы до олигофрении / Висковатова Т. П. // Практична психологія та соціальна робота. – 2001. – № 9. – С. 13–23.
3. *Бойко Г. М.* Медико-психологічна класифікація спортсменів-інвалідів різних нозологічних груп / Бойко Г. М., Максимова О. М. // Світ медицини та біології. – 2005. – № 9. – С. 34–39.
4. *Передерий А.* Общая характеристика классификации в спорте инвалидов / Алина Передерий, Ольга Борисова, Юрий Брискин // Наука в олимпийском спорте. – 2006. – № 1. – С. 50–54.
5. *Бине А.* Измерение умственных способностей / подгот. В. А. Луков, В. А. Луков ; пер. с фр. – СПб., 1999. – С. 343–350, 412–418
6. *Діти із затримкою психічного розвитку та їх навчання* : навч. посіб. для педагогів і шкільних психологів / уклад. Т. Д. Ільяшенко, Н. А. Бастун, Т. В. Сак. – К. : ІЗМН, 1997. – 128 с.
7. *Забрамная С. Д.* Некоторые психолого-педагогические показатели разграничения степеней умственной отсталости у детей на начальном этапе школьного обучения / Забрамная С. Д., Исаева Т. Н. // Коррекционная педагогіка. – 2008. – № 1. – С. 5–13.
8. *General Rules* [Electronic resource]. – Access mode : http://resources.specialolympics.org/Topics/General_Rules/Quick_Links_to_General_Rules_Articles_and_Summary.aspx?source=RQL
9. *International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) Version for 2010 Chapter V Mental and behavioural disorders (F00-F99) Mental retardation (F70-F79)* [Electronic resource]. – Access mode : <http://apps.who.int/classifications/icd10/browse/2010/en#/F70-F79> (date of the application: 12.05.2010)
10. *Харченко Л.* Актуальні аспекти оптимізації навчально-виховного процесу дітей-олігофренів / Людмила Харченко // Молода спортивна наука України : зб. наук. ст. з галузі фіз. культури та спорту. – Л., 2003. – Вип. 7. – С. 416–419.

**ГЕНЕЗИС ОРГАНИЗАЦИОННО-МЕТОДИЧЕСКИХ
ОСНОВ ДОПУСКА ЛИЦ С НЕДОСТАТКАМИ
УМСТВЕННОГО РАЗВИТИЯ
К ПРОГРАММАМ СПЕЦИАЛЬНЫХ ОЛИМПИАД**

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Аннотация. Проблема определения критериев умственной отсталости, продолжительный период рассматриваемая в медицинском, затем – в педагогическом и психологическом аспектах, сейчас важна для адаптивного спорта. Выявление корректных критериев допуска спортсменов с недостатками умственного развития к соревнованиям по программам Специальных Олимпиад или Паралимпийским играм является залогом успешного развития этих направлений адаптивного спорта в международной олимпийской системе. Отсутствие возможности корректного определения нозологического статуса заставила Международную организацию Специальных Олимпиад отходить от количественной оценки уровня умственного развития (интеллекта, адаптационного поведения) с помощью стандартных методик психодиагностики, а использовать другие критерии допуска.

Ключевые слова: недостатки умственного развития, Специальные Олимпиады, критерии допуска.

**GENESIS OF ORGANIZATIONAL
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Abstract. Mental retardation assessment, being for a long time a medical, further – pedagogical and psychological concern, has now gained in importance for adaptive sport. Determination of correct criteria for the disabled persons' admittance to the competitions held according to Special Olympic or Paralympic Games programmes might guarantee the advance of these particular aspects of the adaptive sport within international Olympic system.

Impossibility of correct determination of the nosological status compelled Special Olympiad international organization to reject the quantitative assessment of the mentality level (intellect, adaptive behaviour) by means of standard psychodiagnostic methods and to apply other admittance criteria instead.

Key words: mental development disorders, Special Olympics, admittance criteria.

References

1. *Briskin Yu.* Adaptivnyi sport. Spetsial'ni Olimpiady : navch. posib. [Adaptive sports. Special Olympics]. – L. : Akhil, 2003. – 128 s. (*Ukr.*)
2. *Viskovatova T. P.* Differentsiatsiya zaderzhki psikhicheskogo razvitiya ot normy do oligofrenii [Differentiation of mental retardation from the norm to oligophrenia] // *Praktychna psykholohiya ta sotsial'na robota.* – 2001. – № 9. – S. 13–23. (*Rus.*)

3. Boyko G. M., Maksimova O. M. Medyko-psykhologichna klasyfikatsiya sportsmeniv-invalidiv riznykh nozologichnykh grup [Medical and psychological classification of athletes with disabilities of different nosological groups] // Svit medytsyny ta biologii . – 2005. – № 9. – S. 34–39. (Ukr.)
4. Perederiy A., Borysova O., Briskin Yu. Obshchaya kharakteristika klassifikatsii v sporte invalidov [General characteristics of the classification in sports disabled] // Nauka v olimpiyskom sporte. – 2006. – № 1. – S. 50–54. (Rus.)
5. Bine A. Izmereniye umstvennykh sposobnostey [Measuring mental abilities] / podgot. Val. A. Lukov, Vl. A. Lukov ; per. s fr. – SPb., 1999. – S. 343–350, 412–418 (Rus.)
6. Dity iz zatrymkoyu psykhichnogo rozvytku ta ikh navchannya : navch. posib. dlya pedagogiv i shkil'nykh psykhologiv [Children with mental retardation and learning] / uklad. T. D. Il'yashenko, N. A. Bastun, T. V. Sak. – K. : I ZMN, 1997. – 128 s. (Ukr.)
7. Zabramnaya S. D., Isayeva T. N. Nekotoryye psikhologo-pedagogicheskiye pokazateli razgranicheniya stepeney umstvennoy otstalosti u detey na nachal'nom etape shkol'nogo obucheniya [Some psycho-pedagogical performance differentiation degrees of mental retardation in children at an early stage of schooling] // Korrektsionnaya pedagogika. – 2008. – № 1. – S. 5–13. (Rus.)
8. General_Rules [Electronic resource]. – Access mode : http://resources.specialolympics.org/Topics/General_Rules/Quick_Links_to_General_Rules_Articles_and_Summary.aspx?source=RQL
9. International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) Version for 2010 Chapter V Mental and behavioural disorders (F00-F99) Mental retardation (F70-F79) [Electronic resource]. – Access mode : <http://apps.who.int/classifications/icd10/browse/2010/en#/F70-F79> (date of the application: 12.05.2010)
10. Kharchenko L. Aktual'ni aspekty optymizatsiji navchal'no-vykhovnogo protsesu ditey-oligofreniv [Important aspects of the optimization of the educational process of children Oligophrenic] // Moloda sportyvna nauka Ukrainy : zb. nauk. st. z galuzi fiz. kul'tury ta sportu. – L., 2003. – Vyp. 7. – S. 416–419. (Ukr.)

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